Southeast Regional Time Sensitive Emergency (TSE) Committee
Location: Portneuf Medical Center
06/10/2015

Meeting Minutes

Present:	Maria Hogan – Cassia, Tom Mortimer – LFN, Steve Hill – Bear Lake EMS, Todd Blackington – PMC, Greg Vickers – PMC, Rosa Sherman – PMC, Drew Mcroberts – PMC,
Next meeting:	TBD – August 2015

I. **Introductions to those present:** (New Members) – Todd Blackington (marketing – PMC), Kevin Gray – Blackfoot Fire, Greg White – Caribou Memorial, Mark Gilbert Franklin Co Ambulance, Steve Hill Bear Lake EMS/Bear Lake hospital, Maria Hogan – Cassia Regional, Erin Nielson - Minidoka

II. **Approval of Minutes** – Done by Tom Mortimer & Greg White – All present agreed**. Need to change Region 6 to say Region 5**

III. **Update from State –**

- Need to get someone from our committee sitting on the state council to represent our region. Greg is not there as a representative from our region he is there on the state level.

- Issues with connecting pre-hospital to the different hospitals into trauma registry. There is some talk of using the trauma bands. They have been used in the past. PMC still uses them. There is push back on using trauma bands from other parts of the state. They have talked about using a band called the TSE band – which would be for stroke, cardiac and trauma. It was not decided yet as to how they will do this. The information we are getting from the band is we are able to link information from pre-hospital to Hospital A to Hospital B. The question was asked why they can't use an intuitive linkage such as date/demographics. The difficulty in that would be assuring correct spellings/DOB. This could come down to being a region decision rather than a state decision.

- Discussed having a state wide trauma triage criteria. Good side would be we would have a standardized triage system for EMS. The down side system would be does that triage system work for all facilities.

- TSE.idaho.gov there is resources for QA on the website. It has minutes, forms to request records and confidently forms.

- Erin spoke of the issue with having the Regions be in charge with the rules due to some facilities are included in multiple regions. It will be confusing for the Swing hospitals to collect different data dependent on where we are sending patients. Our

region has all the swing counties in it. This needs to be relayed back to the state. It would be easier to have more state wide. Needs to be brought to the state and the committee chairs with Region 4 and Region 6.

IV.   **Completing the Bylaws/Benchmarks:**

- Under Fiscal Policies: Article 7:
  - o Statement for Fiscal year – We will follow the Fiscal year determined by the state is what we will follow.
  - o Accounting Practices – Unsure what they will want here. Will the state anticipate dispensation of funds to the RAC's? That is not known, only potential is if you get grants pursued by the Region. We are allowed as a region to pursue grants.
  - o Annual Report – we will file an annual report as required by the TSE State Committee.
  - o No one will profit statement
  - o In the event that we receive money we will prepare a budget.
  - o Dissolution: (we will take this from the State Bylaws or what the state recommends).
- Article 9 – Completed with Parliamentary procedure statement.
- Amendment for bylaws – we need to address on who may propose an amendment – Any voting member can. What kind of vote is required before bylaw amendments can be voted on? Will vote on the following meeting of proposed amendment (30 days vs 45 days?). Information has to be disseminate and will be done via emails. For a bylaws amendment there has to be 2/3 vote to pass.
- Proxies: Voting proxies can only be used if by the chair or the secretary. The proxy has to be given in writing or electronic email to either the chair or the secretary. A member may send a representative if her or she is unable to attend a meeting. Such representative may vote and may be counted for the purpose of determining whether a quorum is in attendance. For a bylaws amendment. There has to be 2/3 vote to pass.
- Expenditure Approval: The chair or vice chair may enter into contracts or execute and deliver any instrument in the name of and on behalf other committee. They may not do so without discussion and a vote done by the TSE Region 6 committee.
- The chair, vice chair or secretary will be able to make deposits and sign for checks on the banking account.
- Made changes to Article IV to define membership for our committee and defined the quorum. Everyone present voted in favor to changes, none opposed.

Need to get the fiscal statements from the State TSE Committee. We will look over them at the next committee meeting and approve them.

Need agencies/hospital to appoint who their representatives are going to be.

We will set up conference phone for upcoming meetings for other members to call into.

V. **Benchmarks:**

We would like to set benchmarks parallel to the region 4 and region 6 to help with facilities in swing counties who will be collecting data for both regions.

Region 4 benchmarks: There are committees for each area and they will be reviewing each physical chart.

- *Trauma Benchmark:* Time from EMS dispatch to scene, time to decide to transfer, time patient left the facility.
- *Cardiac Benchmark:* Time from dispatch to EKG, Time of initial Aspirin given, Time from initial EKG to Cath lab.
- *Stroke Benchmark:*

We need to review the benchmarks for Region 6 prior to us deciding our benchmarks.

For our committee we need to consider the following when setting our benchmarks:

1. This committee has to take the patient front the scene to EMS to the hospital for ultimate treatment. We will look at all those data points whether it is scene or walk through the front door. We do have to do some hospital based QA.
2. Look at time and quality indicators. One is treatment/therapy and also a transport system. That way we can look at the system and quality of care patient is getting.
3. It would be nice to discuss similar issues are close regions to be on the same page for swing counties. We are similar regions when compared to Region 4 and Region 6.
4. We need to know the data points that are being gathered already at the state level and what we need to ask agencies/facilities to collect for us to look at.
5. Education on data being collected and look at what we want to take from that data.

Adjourn @ 1600